

Records, Elections and Licensing Services Division

Animal Services & Programs

Department of Executive Services
21615 64th Avenue South
Kent, WA 98032

206.296.PETS Fax 206.205.8043

TTY Relay: 711

For staff use:	
Kennel #	Tag #

King County Animal Care and Control

Adoption Application

Pet ownership is a serious responsibility. To ensure our animals are placed with loving families ready to take on the responsibility of a new pet, please take a few minutes to answer the questions below. Your responses will help our staff pair you with a suitable companion animal.

PLEASE PRINT

Name		Home Phone			
Address	Work Phone	Cell Phone			
City	State	Zip	Zip		
Mailing Address (if different)					
Driver's License #					
Employer/Occupation and Work	Phone #				
Spouse Employer/Occupation an	d Phone #				
Name of reference/relative/friend	and Phone #				
Type of animal desired: (check o	ne or more):	⊢Kitten □ Dog □ Pupp	oy □ Other:		
1. Why do you want to adopt ar	animal?				
Have you ever adopted from a	our shelter? No Yes	: When?	□ Dog □ Cat		
3. Are you 18 years of age or old	ler? □ Yes □ No				
4. Do you live in: ☐ Apartment	□ Condo □ House	□ Other			
5. Do you: □ Own □ Rent/Lea	se: Property Owner/Mgr.	name & phone number			
NOTE: if you rent or lease, from your landlord for a pet, it					
6. Do you live with: ☐ Parents ☐	Spouse/Partner □ Roon	nmate(s) Alone Othe	r		
7. How long have you lived at th	s address?				
8. Are you planning to move with	nin the next 6 months? \Box \	′es □ No			
9. You are adopting this pet for:	☐ Yourself ☐ Child/Ch	ildren Other			
10. Who will be primarily respons	ible for the care and supe	rvision of the animal?			

	`	-		ing frequently? ☐ N			
		_		n:			
•	-			e allergies to anima		S	
		-		-	-		
						uman?	
		-	_			ergency?	
-	_						
						those you no longer own	•
Dog / Cat	Breed	Age	Sex	Spayed/Neutered? (Yes or No)	How long did you own the pet?	If you no longer have, what happened to the pet?	
_	•						
18. Do you w	ant your pet to	o live: 🗆 In	side C	only Outside Only	y □ Inside/Outsid	e □ Don't Know	
19. Are you լ	planning to de	claw your o	cat or k	kitten? □ No □ Ye	es		
20. Where w	ill this pet be k	cept during	the da	ıy?	Night? _		_
When yo	u are not hom	e?					
21. Do you h	ave a fenced	yard? 🗆 No	D □ Y	'es			
If Yes, p	lease describe	e: Fully fe	nced	☐ Partially fenced	Height	Material	_
22. Will you	allow our repre	esentative t	to see	the animal at your	home? □ Yes □] No	
•	•			•		aving puppies or kittens)	?
•						,	
	•	•					
24. DO you n	lave ally quest	110113 01 001	IIIIIGIII	J:			
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					leted/signed Ado	ption Application will	
become the	property of Kir	ig County /	Animai	Care and Control.			
						state laws regarding pet	
				ovide my animal v hazard to others.	vith humane trea	atment and will prevent	
-		_					
	t the informat nying or nulli				understand tha	t false information may	
. Jourt III GEI	.y.i.g or ilulii	.ymg ans	ачори				
Signed				Print Name)	Date	
							_

Note: adoption fees are due at the time of your appointment. (We accept cash or check only.)